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31064 U.S. PTO

Please type a plus sign (+) inside this box → ☐

PTO/SB/05 (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	671-7(P9966)
First Inventor	Jae-Hong LEE
Title	DEVICE AND METHOD FOR MINIMIZING...
Express Mail Label No.	EL918810215US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages <u>19</u>] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>3</u>] 5. Oath or Declaration [Total Pages <u> </u>] a. <input type="checkbox"/> Newly executed (original or copy) Copy from a prior application (37 CFR 1.63 (d)) b. <input type="checkbox"/> (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of <i>(when there is an assignee)</i> Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input checked="" type="checkbox"/> Other: <u>check \$824.00</u>
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application No.: _____
Prior application information: Examiner _____		Group Art Unit: _____	

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)	or <input type="checkbox"/> Correspondence address below
--	---	--

Name	Paul J. Farrell, Esq.				
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	333 Earle Ovington Blvd.				
City	Uniondale	State	New York	Zip Code	11553
Country	U.S.A	Telephone	(516) 228-8484	Fax	(516) 228-8516

Name (Print/Type)	Paul J. Farrell	Registration No. (Attorney/Agent)	33,494
Signature	<i>Paul J. Farrell</i>	Date	12/03/01

I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service on date below in an envelope as "Express Mail Post Office to Addressee" Mail Label Number EL918810215US addressed to: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

Dated: December 3, 2001
Barbara Evers
Barbara Evers

12/03/01

J1064 U.S. PTO

PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
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**FEE TRANSMITTAL
for FY 2002**

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$) 824.00**Complete if Known**

Application Number	
Filing Date	Herewith
First Named Inventor	Jae-Hong LEE
Examiner Name	
Group Art Unit	
Attorney Docket No.	671-7(P9966)

METHOD OF PAYMENT (check one)

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	04-1121
Deposit Account Name	DILWORTH & BARRESE, LLP

- ☒
- Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status. See 37 CFR 1.27

- 2.
- ☒
- Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	\$740.00
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	

SUBTOTAL (1) (\$) 740.00**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
13	-20** = 0	\$18	\$0
4	-3** = 1	\$84	\$84
Multiple Dependent		\$280	0

**or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

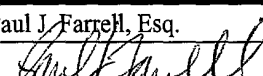
SUBTOTAL (2) (\$) 84.00**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for <i>ex parte</i> reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 400	216 200	Extension for reply within second month	
117 920	217 460	Extension for reply within third month	
118 1,440	218 720	Extension for reply within fourth month	
128 1,960	228 980	Extension for reply within fifth month	
119 320	219 160	Notice of Appeal	
120 320	220 160	Filing a brief in support of an appeal	
121 280	221 140	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,280	241 640	Petition to revive - unintentional	
142 1,280	242 640	Utility issue fee (or reissue)	
143 460	243 230	Design issue fee	
144 620	244 310	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Processing fee under 37 CFR 1.17(q)	
126 180	126 180	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	
179 740	279 370	Request for Continued Examination (RCE)	
169 900	169 900	Request for expedited examination of a design application	

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**SUBMITTED BY**

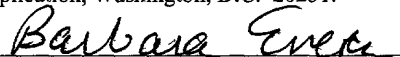
Name (Print/Type)	Paul J. Farrell, Esq.	Registration No. (Attorney/Agent)	33,494	Telephone	(516) 228-8484
Signature		Date	12/03/01		

Complete (if applicable)

CERTIFICATION UNDER 37 C.F.R. § 1.10

I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service on date below in an envelope as "Express Mail Post Office to Addressee" Mail Label Number EL918810215US addressed to: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

Dated: December 3, 2001


Barbara Evers

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Assistant Commissioner
for Patents
Washington, D.C. 20231

UTILITY APPLICATION DATA SHEET UNDER 37 C.F.R. § 1.76

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): Jae-Hong LEE

For: **DEVICE AND METHOD FOR MINIMIZING PUNCTURING-CAUSED OUTPUT DELAY**

Enclosed are:

- [X] 14 page(s) of specification
[X] 1 page(s) of Abstract
[X] 4 page(s) of claims
[X] 3 sheets of drawings [x] formal [] informal
[] page(s) of Declaration and Power of Attorney

ASSIGNEE NAME: **SAMSUNG ELECTRONICS CO., LTD.**

ASSIGNEE RESIDENCE: **KYUNGKI-DO, KOREA**

CERTIFICATION UNDER 37 C.F.R. § 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date December 3, 2001 in an envelope as "Express Mail Post Office to Addressee" Mail Label Number EL918810215US addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Barbara Evers
(Type or print name of person mailing paper)

Barbara Evers
(Signature of person mailing paper)

- ☐ This application claims the benefit under 35 U.S.C. §119(e) of U.S. Provisional Application(s) No(s):

APPLICATION NO(S):

FILING DATE

1

- ☐ Certified copy of application

Country

Appl. No.

Filed

from which priority under Title 35 United States Code, § 119 is claimed

☐ is enclosed.

☐ will follow.

CALCULATION OF UTILITY APPLICATION FEE

For	Number Filed	Number Extra	Rate	Basic Fee \$740.00
TOTAL CLAIMS	13	0	x 18 =	\$0.00
INDEPENDENT CLAIMS	4	1	x 84 =	\$84.00
[x] Multiple Dep. Claim			280	\$0.00
			TOTAL \$824.00	

- ☐ Verified Statement of "Small Entity" Status Under 37 C.F.R. § 1.27. Reduced fees under 37 C.F.R. § 1.9(f) (50% of total) paid herewith \$.

*Includes all independent and single dependent claims and all claims referred to in multiple claims. See 37 C.F.R. § 1.75(c).

[] The amount of \$0.00 for recording the attached Assignment is enclosed as a separate check.


[X] Check in the amount of \$824.00 to cover the [] recording, [X] filing fee(s) are attached.

[] Charge fee to Deposit Account No. 04-1121. Order No. _____
TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

[X] Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and 1.17, at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 04-1121. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 04-1121 therefor. **TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.**

Respectfully submitted,

Date: December 3, 2001


Paul J. Farrell
Reg. No. 33,494

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